## ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE      |
|---------------------------|----------|--------|-----------|
| FEE DETERMINATION         |          |        |           |
| O.I.P.E. CLASSIFIER       |          | 49     | 10/2-/01  |
| FORMALITY REVIEW          | ·WM      | 920    | 10-18-21. |
| RESPONSE FORMALITY REVIEW | ds       | 861    | 12-11-01  |

## INDEX OF CLAIMS

|   | Rejected                   | N   | Non-elected  |
|---|----------------------------|-----|--------------|
| * | Allowed                    | - 1 | Interference |
|   | (Through numeral) Canceled | A   | Арреаі       |
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| Cisim Date  | Claim Date                                  | Claim Date  |
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|   | 59  | 109   |
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|   | 61  | 211   |
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| 24  | 74  | 124   |
| 25  | 75  | 125   |
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| 41  | 91  | 149   |
| 42  | 92  | 142   |
| 49  | 93  |   |
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